

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40940

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. St. Anthony City's Home St. Ward)

Registration District No. 3File No. 4928Primary Registration District No. 0Registered No. 4928

2. FULL NAME

Dominic Fathy
 (a) Residence. No. St. Anthony's Home St. 23rd Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-18-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Miss

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Veda Fathy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Ark.
 (STATE OR COUNTRY)

14. INFORMANT Sister M. Joseph
 (Address) St. Anthony's 23rd & College

15. FILED 12/11/31 M. H. Cerone
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1931

17. I HEREBY CERTIFY, That I attended deceased from 12/5/31 to 12/5/31
 that I last saw h. alive on 12/9/31, 1931, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Right lobar pneumonia.
108/108
89A/108

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 3(duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH noDID AN OPERATION PRECEDE DEATH? no DATE OF noWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS clinical(Signed) J. H. H. H., M. D.12/16/31 (Address) 925 Maple

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Marys Cemetery Dec 12 1931

20. UNDERTAKER

ADDRESS

John W. Wagner Lin - 9 Grand

